

Invoice #: _____

2014 RTA Services Application Form

RTA Organizational Name: _____

RTA Contact Name: _____

Street Address: _____

City, State, Zip: _____

Tax ID Number: _____ E-mail Address _____

Name of Client Receiving RTA Services: _____

Did client complete Rebuild MI Enrollment Agreement? (Circle one) Yes No

Has client received copy of IEE Report? (Circle one) Yes No

Has an EnergyStar Portfolio Manager account been established for the client and first year utility data entered into the account? (Circle one) Yes No

Has a project planning meeting been held with building owner? Yes No

Documentation (Internal Use Only)

Copy of Rebuild Michigan Enrollment Agreement: _____

Copy of final IEE: _____

Copy of client's portfolio manager account user name and password: _____

Copy of agenda and minutes of project planning meeting: _____

Documentation of client and/or RTA match _____

Direct Voucher Payment Amount Authorized \$1,250 \$1,500 \$1,750 \$2,000

Index/PCA No.: 62630/80270

Approved By: _____

Client Owner's Signature

Date

Authorized by: _____

Tim Shireman, Project Manager

Date